



MHEC

MARYLAND HIGHER EDUCATION COMMISSION

**MARYLAND HIGHER EDUCATION COMMISSION
PRIVATE CAREER SCHOOL (PCS)
TRAINING QUESTIONNAIRE**

*This does **not** serve as an application.

Please complete and submit this **questionnaire** to the Maryland Higher Education Commission in order to determine whether Commission approval is required for your proposed training to be offered in Maryland.

Complete this questionnaire for ***each*** unique training program you plan to offer.
Complete this questionnaire fully and provide relevant supporting documents.

Upon review, you will receive written notification of the Commission's determination within 2 - 4 weeks.



I. BACKGROUND

Contact Person:

☐ Mr. ☐ Mrs. ☐ Ms.
☐ Rev. ☐ Dr.

Last Name

First Name

MI

Only complete this section if you want correspondence to be mailed to an address ***other than*** the business address below.

Street Address:

City:

State:

Zip Code:

Business Name

[Business, Organization, or School]:

Street Address:

City:

State:

Zip Code:

Telephone:

Fax:

Email:

Website

Is the intent to use this regulatory determination as part of a WIOA ETPL Application?

☐ Yes

☐ No

II. TRAINING DESCRIPTION

A. List the **PROGRAM NAME** and provide a **brief** description of the topics/subjects covered in the training:

PROGRAM NAME

DESCRIPTION

B. Is there a **cost** for training (tuition, fees, books, supplies, etc.)?

☐

Yes

☐

No

C. Level of Award—what do graduates earn upon completion? *Check all that apply.*

☐

CERTIFICATE/DIPLOMA

☐

LICENSURE (STATE OR NATIONAL)

☐

INDUSTRY CERTIFICATION

☐

OTHER (IDENTIFY: _____)

D. List the **occupations** for which graduates of your training will qualify (e.g., Nursing Assistant, Computer Technician, etc.). Each occupational title should be 5 words or less.

E. Does the business offer job placement assistance?

☐

Yes

☐

No

III. TRAINING PURPOSE

Check all boxes that are applicable to your training. The purpose of your training is to:

☐

A. Prepare individuals to obtain gainful employment.

☐

B. Prepare individuals to obtain industry certification(s).

Please identify below the industry certifications and exams for which your training will prepare graduates.

CERTIFICATION

EXAM

☐

C. Prepare individuals to obtain licensure.

Please identify below the licenses and licensing exams for which your training will prepare graduates.

LICENSE

EXAM

☐

D. Enhance an individual's existing skills and knowledge / Serve as continuing education.

Please identify below the enrichment skills and knowledge that your training will provide.

☐

E. Other. *Please describe in detail.*

IV. TRAINING DELIVERY**A. What is/are the schedule(s)?**☐ DAY ☐ EVENING

WEEKS TO COMPLETE: _____

DAYS/TIMES: _____

TOTAL CLOCK HOURS: _____

☐ DAY ☐ EVENING

WEEKS TO COMPLETE: _____

DAYS/TIMES: _____

TOTAL CLOCK HOURS: _____

B. Check all boxes below that are applicable. Your training is delivered via:

- ☐ A. CLASSROOM INSTRUCTION ONLY
- ☐ B. ONLINE INSTRUCTION ONLY
- ☐ C. A COMBINATION OF CLASSROOM AND ONLINE INSTRUCTION
- ☐ D. ANOTHER TRAINING DELIVERY METHOD(S). *Please describe in detail.*
- _____

V. STUDENT POPULATION

Please check all boxes below that are applicable. Your training is:

- ☐ A. Open to and offered to the GENERAL PUBLIC.
- ☐ B. Delivered to ONE student at a time on an individual basis.
- ☐ C. Delivered to GROUPS OF STUDENTS at one time.
- ☐ D. Delivered to Marylanders entirely through DISTANCE EDUCATION by an out-of-state entity that operates all business operations outside of Maryland.
- ☐ E. Offered to CURRENT PROFESSIONALS in a specific occupation and is comprised of refresher or continuing education instruction.
- ☐ F. Offered exclusively for your OWN EMPLOYEES.
- ☐ G. Offered only to those enrolled in a REGISTERED APPRENTICESHIP through the Department of Labor (“DOL”).
- ☐ H. Delivered to those whose *sole* purpose is to learn the particular RELIGIOUS FAITHS OR BELIEFS of a church or religious organization.
- ☐ I. OTHER. *Please describe in detail.*
- _____

VI. ADDITIONAL ENCLOSURES

Please enclose the following items, if any exist.

- ❖ Copies of advertisements or promotional materials used to market your training or to recruit students
- ❖ Copies of bulletins, school catalogs, student handbooks, enrollment agreements, or other materials provided to prospective and enrolled students

VII. AFFIDAVIT

AFFIDAVIT: This is to affirm that the information provided above and in the enclosed documents is true and correct.

Printed/ Typed Name of Chief Executive Officer

Date

Signature of Chief Executive Officer

Date

RETAIN A COPY FOR YOUR RECORDS

Please email a completed, signed Training Provider Questionnaire as one attachment to pcs.mhec@maryland.gov. Please do not mail or fax Training Provider Questionnaires to our office.